

FILED JUL 13 1948

State File No.

Registration District No. 398

Primary Registration District No. 6149

Registrar's No.

1. PLACE OF DEATH:
 (a) County Stoddard
 (b) City or town Bloomfield, Rural Castor
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: _____
 In this community _____
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Stoddard 103
 (c) City or town Bloomfield, Rural 0
 (d) Street No. _____ (If rural, give location) 0
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Ethel Coggins
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June day 27th
 year 1948 hour 1 minute P. M.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife James P. Coggins
 6. (c) Age of husband or wife if alive 63 years
 7. Birth date of deceased Aug 19 1901
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 6-27
 1948 to 6/27 1948
 that I last saw her alive on 6/27/48
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>46</u>	<u>10</u>	<u>8</u>	hr. _____ min. <u>0</u>

Immediate cause of death Obstruction
 Due to arterial sclerosis 2 yrs
 Due to Diabetes Mellitus 5 yrs

9. Birthplace Stoddard County Missouri
 (City, town, or county) (State or foreign country)
 10. Usual occupation Housewife

Other conditions _____
 (Include pregnancy within 3 months of death)

MOTHER FATHER

11. Industry or business _____
 { 12. Name Asa Wright
 13. Birthplace Illinois
 (City, town, or county) (State or foreign country)
 14. Maiden name Mary Rowe Indiana
 15. Birthplace Indiana
 (City, town, or county) (State or foreign country)

PHYSICIAN _____
 Major findings: _____
 Of operations 61
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant James p. Coggins
 (b) Address Bloomfield, Mo. Star R.
 17. (a) Burial (b) Date thereof 6-29-48
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Hill Cemetery
 18. (a) Signature of funeral director Chiles Und. Co.
 (b) Address Bloomfield, Mo.
 19. (a) 7-9-48 (b) Rose Webber
 (Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 23. Signature [Signature] (Specify type of place) (e) [Signature] (Cause of injury)
 Address [Signature] Date signed 7/2/48

RECEIVED

District Health Office No. 2,

District File Number 268-863

Date Filed 2-12-48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Lulu Cooper

Licensed Embalmer No. 3499

P. O. Address Bloomfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.